DOCUMENT RESUME

ED 113 764 CS 501 133

AUTHOR Nielsen, Keith E.
TITLE Dialogue as a Mode of Health Communication in a Correctional Facility.
PUB DATE 75
NOTE 20p.; Paper presented at the Annual Meeting of the International Communication Association (Chicago, April 23-26, 1975)

EDRS PRICE MF-$0.76 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS *Communication (Thought Transfer); Correctional Rehabilitation; *Corrective Institutions; *Dialogue; *Health Education; Health Programs; *Human Relations; Institutionalized (Persons)
IDENTIFIERS Communication Research; *Health Communication

ABSTRACT

Historically, the study of health communication has been confined primarily to the field of medicine. Recently, however, it has increased in importance in other areas of human communication. Exploring a new approach to health communication is the purpose of this paper. Specifically, the thrust of this investigation is the use of dialogue as a mode of health communication in a correctional facility. In this regard, three general areas were examined: the components of the concept of dialogue, the nature of monologue as viewed by the advocates of dialogue, and some aspects concerning dialogue as a means of health communication in a correctional situation. The study is inconclusive, but there are indications that dialogue as a means of communication had favorable impact on the participants in this project. (Author/RB)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED113764

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

Dialogue as a Mode of Health Communication in a Correctional Facility

Dr. Keith E. Nielsen
Speech Communication Department
California Polytechnic State University
San Luis Obispo, California 93407
Phone: (805) 546-2585

International Communication Association
April 23-26, 1975
Chicago, Illinois

BEST AVAILABLE COPY

CS 501 133

Abstract

Historically the study of health communication has been confined primarily to the field of medicine. Recently, however, it has increased in importance in other areas of human communication. Exploring a new approach to health communication is the purpose of this paper. Specifically, the thrust of this investigation is the use of dialogue as a mode of health communication in a correctional facility. In this regard, three general areas were examined: the components of the concept of dialogue, the nature of monologue as viewed by the advocates of dialogue, and some aspects concerning dialogue as a means of health communication in a correctional situation.

The persistent juvenile offenders in our society are the subject of much discussion among professionals in law enforcement agencies, probation departments, juvenile courts and laymen interested in their rehabilitation. Historically, the standard approach to these offenders is incarceration in a correctional facility, with attendant means of counseling, educational endeavors, and correctional incentives and/or deterrents in their rehabilitation process. However well intended these measures are, they have not really created a realistically viable process in which the inmates and the correctional personnel could devise a more open state of information exchange for a clearer understanding of the human communication needs unique to the correctional situation.

Consequently, recidivism is a persistent problem. Annually the California Department of Corrections reports that the rate of released inmates to society returning to correctional facilities is greater than the rate of those released inmates who remain in society on a permanent basis. This is true of juvenile offenders also.

In attempting to mediate this problem, one correctional facility (a school for juvenile offenders) decided to approach it primarily from the standpoint of inmates' needs and expectations necessary to their adjustment to societal functions, rather than their adjustment to correctional directives. Basically the correctional personnel ascertained that a new approach was needed in communicating with their juvenile offenders. They felt that the correctional directives approach had a somewhat stifling effect on the inmates' behavioralism, as well as the

correctional personnels' behavioralism. Both were in conflicting situations. Neither completely understood each others' concept of expected human behavior in a correctional situation. The inmates generally had a societal functionalism viewpoint; the correctional personnel generally had an institutional functionalism viewpoint. Therefore a degree of distrust arose in which all concerned had a rather distorted view of each others' perception of themselves. Sometimes this created an unhealthy situation of communication withdrawal, especially by the inmates.

Hopefully to generate a greater degree of trust between all concerned, dialogue was selected on an experimental basis as a possible means to create a more positive attitude of mutual understanding and communication involvement. The impact of this approach in establishing such an attitude between the inmates and the correctional staff is the focus of this paper. In this regard, three general areas will be examined: (1) the components of the concept of dialogue; (2) the nature of monologue as viewed by the advocates of dialogue; and (3) some aspects concerning dialogue as a means of health communication in a correctional situation.

The central elements of dialogic communication are treated by various scholars under such labels as authentic communication, conversation, therapeutic communication, nondirective therapy, presence, participation, existential communication, encounter, supportive climate, helping relationship, and loving relationship. Among contemporary existentialist philosophers, Martin Buber (1) is the primary one who places the concept of dialogue at the center of his idea of human communication and existence. Two other existentialists who believe dialogue is essential to

our understanding of people are Karl Jaspers (5) and Gabriel Marcel (6), and the principle of dialogue appears in the writings of Carl Rogers (8) and Eric Fromm.(3)

One basic view arises from these scholars' writings. Dialogue seems to represent more of a communication attitude, principle, or orientation, than a specific method, technique, or format. Martin Buber's concept of two primary human attitudes and relationships, I-Thou and I-IT, is essential in influencing the developing concept of communication as dialogue. Our purpose here is to discuss each of these concepts. We will begin with the I-Thou concept.

According to Buber (2) in the I-Thou concept of dialogue, a speaker does not attempt to impose his own truth or view on another and he is not interested in bolstering his own ego or self-image. Each person is accepted as a unique individual. One becomes completely aware of the other rather tahn functioning as an observer or onlooker. It is essential to see or experience the other person's point of view. One also does not forego his own convictions, but he attempts to understand those of the other and avoids imposing his own on the other.

Carl Rogers (8) further expounds on this I-Thou concept in his client-centered or nondirective approach to psychotherapy. Nondirective therapy assumes a dialogic communication format because it involves active acceptance of the patient as a worthy individual for whom the counselor has a genuine respect. It places fundamental emphasis on the therapist's acceptance of the internal frame of reference of the client and on percieving both the world and the client through the client's own eyes. He trusts the client and sees him as a separate person

having worth in his own right, even though he differs with the patient's views.

At this point in our discussion, we are in a position to describe the components of dialogue as an emerging concept in human communication ascribed to by virtually all scholars writing on dialogue under whatever label or point of view. These components are:

1) Genuineness: one is direct, honest, and straightforward.
2) Accurate Empathic Understanding: things are seen from the other's viewpoint.
3) Unconditional Positive Regard: one expresses nonpossessive warmth for the other.
4) Presentness: participants in a dialogue must give full concentration to bringing their total and authentic beings to the encounter.
5) Spirit of Mutual Equality: the participants themselves view each other as persons, not as objects to be manipulated or exploited.
6) Supportive Psychological Climate: one encourages the other to communicate openly.

In explaining their view of communication as dialogue, most writers discuss the concept of communication as monologue. Frequently monologue is equated with persuasion, or with propaganda. Matson and Montagu (7) feel that "the field of communication is today more than ever a battleground contested by two opposing conceptual forces-those of monologue and dialogue." Greenagel (4) expounds further on monologue as a method to command, manipulate, or exploit.

Others are viewed as things to be exploited for the speaker's self-serving purpose. They are not taken seriously as persons. Focus is on the speaker's message, not an the audience's real needs."

A key factor in developing these components of monologue is Buber's (2) I-It relation. Here the I-It relation is characterized by self-centeredness, deception, pretense, display, appearance, artifice, using, profit, unnaproachableness, seduction, domination, exploitation, and manipulation. In monologue one is concerned w ith what others think of him, with prestige and authority, with display of one's own feelings, with display of power, and with moulding others in one's own image.

At this point we can see the divergence of scholarly views on the dialogue-monologue discussion. However, this does give us a clearer understanding of how each form of human communication may operate in the real world. Also, it gives us a baseline from which we may be able to ascertain how dialogue may be viewed as a viable process as health communication in a correctional situation. Buber (2) discusses this possibility of dialogue in such fields as politics, education, psychotherapy, and business. Furthermore, he believes that dialogue is most likely in private, two-person, face-to-face, oral communication situations that extend, even intermittently, over lengthy periods of time. If this is true, dialogue would most frequently occur in such relationships as husband-wife, parent-child, doctor-patient, therapist-client, clergyman-parishioner, continuing small group discussions, and sensitivity-training sessions.

In attempting to formulate a concept of dialogue as health communication in a correctional situation, it was essential

to determine its components. The inmates, correctional personnel, and professional consultant felt this was necessary in order to establish a format of workable guidelines, so everyone involved would have a clear understanding of dialogic communication. Through the use of the small group discussion process, information on relevant components was collected from everyone connected with the project. These components were given priority rankings. The following components were selected by group consensus:

1) Genuineness (complete openness)
2) Accurate Empathic Understanding
3) Unconditional Positive Regard
4) Presentness
5) Spirit of Mutual Equality
6) Supportive Psychological Climate
7) Nonresistant Climate (no retaliatory actions)
8) Nonrestrictive Climate (no arbitrary restrictions)

It is interesting to note here that six of the eight components of dialogic communication are the same as those identified by most scholarly writers on dialogue. A noteworthy observation also is the fact that these six components were selected without prior knowledge of these scholarly findings. However, two other components are not found in the scholarly writings. These are 7) nonresistant climate and 8) nonrestrictive climate. These may be unique to the correctional situation because of the deterrent nature of incarceration. It is a practice at times to apply retaliatory actions and/or arbitrary restrictions on inmates for disciplinary reasons, especially in cases of incorrigibles.

Once the components of dialogic communication were identified, the next step was to evolve a definition of health communication viable in a correctional facility. Group consensus was used here also. In analyzing this situation two problems became apparent: (1) the factors which fostered poor dialogic communication had to be identified; and (2) once these were isolated, an acceptable definition of health communication could be attained.

It was found that three (3) factors contributed to communication breakdown and at times communication withdrawal. These factors were:

1) Most information was couched in a directive context originating from correctional personnel.
2) Most communication was of a monologic nature.
3) There was a preponderance of the I-It relation between both the inmates and the correctional staff.

These factors were not very sensitive to the societal functionalism expectations of the inmates, ranging in ages from fourteen to twenty. Consequently, discipline was maintained at a relatively tight level of operation and an increasing degree of inmate indifference arose. Apparently inmate and correctional staff expectations were in a state of opposition. One was societally oriented (inmates) and one was correctionally oriented (staff).

In approximating a definition of health communication for this correctional situation, it became apparent to all concerned that the established factors of the communication process could or should not be abandoned. Behavioral control is vital in a correctional facility for the welfare of everyone involved with this life style. However, it should be balanced in relation to

a more open, more spontaneous interaction between the youthful inmates and the correctional staff. After much heated discussion the consensus agreement was that health communication should be uniquely original to the correctional motif, with its blend of relatively unrestrictive behavioralism instinctively inculcated in the inmates for survival on the streets, and the relatively restrictive behavioralism imposed upon the inmates by the institutionalization process. Basically health communication in a correctional environment should be a communication process which fosters a climate of genuine concern for human growth so that a balance between societal functionalism and correctional functionalism could be attained. It should be characterized by openness, trust, and acceptance of each individual as he sees the communication situation in a specific moment of time. Further more, retaliatory actions and/or arbitrary restrictions should be held in abeyance until reasonable alternatives are explored. Any directives of the aforementioned type should be implemented immediately only as a protective measure for the safety and welfare of the constituents of the institution.

One of the essential aspects of this project was the development of dialogic arenas. Definitively a dialogic arena is an area of human experience common to all human beings. An example would be the family unit, the school environment, etc. These arenas developed out of one point that repeatedly arose in the discussions: before you can have extensive dialogic communication, you must have something substatntial to talk about, other than nominal things like the weather or the daily food menu. Furthermore; if the function of dialogic communication

is to create an in-depth probing of human expectations in a correctional environment, it should concentrate on needs relevant to those human expectations. Some samples of the dialogic communication arenas useful in establishing positive interaction are:

1) A serious problem facing our society is the lack of meaningful communication between the generations.

2) People in the helping professions, i.e. nursing, teaching, counseling, law enforcement, etc. have little or no real understanding of the generation gaps, and they possess little or no skill in narrowing the degree of misunderstanding between these gaps.

3) The generation gaps can benarrowed by the sharing of common experiencesofscommon experiences through dialogue.

4) The things I hold near and dear to me are...

5) The things I am not sure about are...

6) The things I would never change my mind about are...

7) The things I would change my mind about are...

8) The things I would like to change in my life are...

9) The things I would like to help change in this correctional facility are...

As you can see, these arenas offered a wide, open-ended approach with the possibilities of extended involvement between the participants over a period of time.

With the format groundwork established, the procedural aspects of the project could be formulated. A pool of three hundred

participants was created. They were selected on the basis of willingness to participate in the project and individual factors, i.e. age, educational level, and personality aspects, especially the toleration level of the inmates to discipline and correctional directives. These discipline-correctional directives factors were applied to the correctional staff also. The mix of the pool of participants was an equal number of inmates and correctional staff which included teachers, counselors, correctional officers and support staff- nurses and administrators.

One hundred participants were drawn from the pool by lottery numbers for the project. The break down was fifty (50) inmates and fifty (50) correctional staff personnel. These one hundred participants were broken into ten (10) groups of ten (10) members per group. Each group of ten members was broken into five (5) dyads, so a one-to-one relationship or "Buddy system" could operate. It should be pointed out here that the group encounter members used to formulate the guidelines, the dialogic communication components and the dialogic coommunication arenas were drawn from a separate pool of fifty participants. Twenty participants were chosen - ten (10) inmates and ten (10) correctional-staff personnel. The same factors were used in selecting them as those members used in the actual project. This procedure was used to reduce the sensitization variable in the project.

The actual project covered a time span of three months. Members of each dyad group (composed of an inmate and/or a correctional-staff person) were assigned to each other for the three month period. They were chosen by lottery numbers. They were to establish as often as their work-study schedule would permit a dialogic communication relation, discussing as many dialogic communication arenas as possible. Once a week all dyad

groups met with their respective ten member encounter groups to relate their experiences to the other dyad members. These meetings were called "shared experience" sessions.

Data collection was obtained by the pre-post interview technique. Before the project started, each dyadic group and each encounter group was interviewed. The same procedure was followed at the end of the project. Questions were open-ended so that respondants could give as much information as possible on the correctional environment. These interviews were conducted by the consultant staff.

From the inception of the project, the problem of data application became apparent. Should it evaluate explicit operational variables or should it evaluate specific operational areas of concern to the correctional environment? The problem was resolved by the project participants. They were especially concerned with the specific operational areas of concern to the correctional environment. This seemed reasonable at this point in time because replication of the project on variables of a more specific nature could be done in the future.

Eight (8) areas of the correctional environment will be evaluated in this study. They are:

1) Dialogue as a workable communication process in the correctional environment.
2) Awareness of the inmates' societal and correctional needs in the correctional environment.
3) Awareness of the correctional staffs' directive needs in the correctional environment.

4) Attitudinal change by the inmates toward the correctional staff.

5) Attitudinal change by the correctional staff toward the inmates.

6) Awareness of the causes of communication breakdowns and disciplinary problems associated withthe correctional environment by the inmates and by the correctional staff through the dialogic communication process.

7) Projected solutions to the communication breakdowns and disciplinary problems associated with the correctional environment by the inmates and the correctional staff through the dialogic communication process.

8) Projected effect on the recidivism problem by the inmates and the correctional staff through the dialogic communication process.

Data will be reported in percentages in this report because of the broad, inclusive nature of the operational areas of concern. Furthermore, percentages will serve as a basis for more specific data interpretation in future replications on this study.

Findings

1) Dialogue as a workable communication process in the correctional environment.

	Workable		Not Workable	
	Pre	Post	Pre	Post
Inmates N=50	11%	61%	89%	39%
Correctional Staff N=50	28%	52%	72%	48%

2) Awareness of the inmates' societal and correctional needs in the correctional environment.

Societal Needs	Highly Aware		Aware		Slightly Aware	
	Pre	Post	Pre	Post	Pre	Post
Inmates N=50	28%	40%	21%	57%	51%	03%
Correctional Staff N=50	15%	61%	31%	37%	54%	02%

Correctional Needs	Highly Aware		Aware		Slightly Aware	
	Pre	Post	Pre	Post	Pre	Post
Inmates N=50	10%	60%	21%	38%	69%	02%
Correctional Staff N=50	36%	38%	59%	61%	05%	01%

---

3) Awareness of the correctional staff's directive needs in the correctional environment.

	Highly Aware		Aware		Slightly Aware	
	Pre	Post	Pre	Post	Pre	Post
Inmates N=50	41%	61%	51%	39%	08%	00%
Correctional Staff N=50	89%	92%	11%	08%	00%	00%

---

4) Attitudinal change by the inmates toward the correctional staff.

	Highly Favorable		Favorable		Slightly Favorable	
	Pre	Post	Pre	Post	Pre	Post
N=50	08%	21%	12%	40%	80%	39%

---

5) Attitudinal change by the correctional staff toward the inmates.

	Highly Favorable		Favorable		Slightly Favorable	
	Pre	Post	Pre	Post	Pre	Post
N=50	21%	32%	32%	42%	53%	26%

6) Awareness of the causes of communication breakdowns and disciplinary problems associated with the correctional environment by the inmates and by the correctional staff through the dialogic communication process.

Communication Breakdowns

	Highly Aware		Aware		Slightly Aware	
	Pre	Post	Pre	Post	Pre	Post
Inmates N=50	21%	52%	32%	40%	47%	08%
Correctional Staff N=50	28%	48%	21%	35%	51%	17%

Disciplinary Problems

	Highly Aware		Aware		Slightly Aware	
	Pre	Post	Pre	Post	Pre	Post
Inmates N=50	28%	51%	37%	41%	35%	08%
Correctional Staff N=50	31%	62%	42%	31%	27%	07%

---

7) Projected solutions to communication breakdowns and disciplinary problems associated withthe correctional environment by the inmates and the correctional staff through the dialogic communication process.

Communiction Breakdowns

	Post Only Workable solutions	Post Only Not Workable Solutions
Inmates	30%	20%
Correctional Staff	40%	10%
Total N=100	70%	30%

Disciplinary Problems

	Post Only Workable solutions	Post Only Not Workable Solutions
Inmates	21%	26%
Correctional Staff	26%	27%
Total N=100	47%	53%

8) Projected effect on the recidivism problem by the inmates and the correctional staff through the dialogic communication process.

	Post Only Effective	Post Only Not Effective
Inmates	21%	21%
Correctional Staff	14%	44%
Total N=100	35%	65%

This study is relatively inconclusive. However, there are indicators that dialogic communication had favorable impact on the participants in this project, which may be applied to the correctional environment. Overall these indicators are that:

1) Dialogic communication seems to be a workable process in the correctional environment.
2) Dialogic communication seems to increase constituents awreness of societal and corrective needs in the correctional environment.
3) Dialogic communication seems to increase the constituents awareness of the causes of communication breakdowns and disciplinary problems in the correctional environment.
4) Dialogic communication seems to have minimal effect on attitude change of the participants in the project.
5) The participants indicated that dialogic communication may be a more workable process in creating solutions to communication breakdown problems in the correctional environment than

in creating solutions to disciplinary problems in the same environment.

6) The projected effect of dialogic communication on the recidivism problem seems minimal in the study.

A few summary observations need to be made here. Attitude change is a slow process. It is generally facilitated by time. An on-going process of this type might induce a more positive shift in attitude change over time.

The nature of discipline in a correctional environment has a multi-personality variablity. Approaches that may work with one inmate may not work with another inmate. Perhaps dialogic communication over extended time might induce more workable solutions to this problem.

Finally, recidivism seems to be a societal problem more than a correctional problem. Much work needs to be done outside of the correctional environment in preparing inmates for this adjustment in such areas as employment opportunities, friendship and family associations, appropriate guidance, etc.. However, dialogic communication on an extended basis inside and outside of the correctional environment might have an impact on this problem. Certainly more investigations of dialogic communication in this arena seem to be in order.

References

1. Buber, Martin. Pointing the Way. New York: The Dryden Press, 1963

2. Buber, Martin. I and Thou. 2d. ed. New York: The Dryden Press, 1958

3. Fromm, Eric. The Art of Loving. New York: Holt,Rinehart and Winston, 1956

4. Greenagel, Frank. "Manipulation and the Cult of Communication in Contemporary Industry". Communication - Spectrum '7. Proceedings of the 1968 conference of the National Society for the Study of Communication, ed. Lee Thayer.

5. Jaspers, Karl. The Philosophy of Karl Jaspers. New York: John Wiley and Sons, Inc., 1957

6. Marcel, Gabriel. The Mystery of Being. Chicago: University of Chicago Press, 1952

7. Matson, Floyd W. and Montagu, Ashley. The Human Dialogue. New York: Random House, 1967

8. Rogers, Carl. Client-Centered Therapy: Boston: Boston University Press, 1951